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Panic at the Church: The Use of Frames, Social Problems, and Moral Panics in the Formation of an AIDS Social Movement Organization

Angelique Harris

Marquette University, angelique.harris@marquette.edu

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Panic at the Church: The Use of Frames, Social Problems, and Moral Panics in the Formation of an AIDS Social Movement Organization

ANGELIQUE HARRIS — CALIFORNIA STATE UNIVERSITY, FULLERTON

Abstract

This article examines how frames and moral panics are used to attract attention to public health issues. This research posits that once a health social movement organization frames their contested issue as a social problem, a moral panic is created to initiate a reaction on the part of the movement's target audience. A case study of the development of The Balm in Gilead, an AIDS awareness program that targets the Black Church, is used to illustrate how frames and moral panics are employed. Data consists of interviews with Black Church leaders, AIDS activists, and employees at The Balm in Gilead (BG). Findings suggest that creating a moral panic among Black Church leaders was vital to the movement's success.

Introduction

How are moral panics created by a health social movement organization in order to address a social problem after it has already been framed for its target audience? For decades, health social movements have fought for funding, increased research, and awareness for a variety of health concerns. This article is a case study that explores the role that The Balm in Gilead, a non-profit organization that promotes AIDS awareness to the Black Church, has played in the formation of a health social movement among Black churches in New York City. In this article, The Balm in Gilead serves as the paradigm for examining the strategies used in creating a health social movement organization that targets religious institutions. This research posits that because of the often taboo routes of HIV transmission, the resulting stigmas associated with AIDS requires the utilization of unique tactics in order to organize a health social movement targeting Black religious institutions (The term "Black" will be used throughout this paper

to refer to people of African descent. I understand that the term "African American" is a distinct ethnic group used to describe Blacks who live in the United States. However, there are a large number of Blacks who live in the U.S., and specifically, New York City (the research location) who do not identify as Black. As such, Black will be used to refer to people of African descent, whether or not they reside in the U.S.). Using data collected from 28 one-on-one interviews, this project examines the founding of The Balm in Gilead as a health social movement organization and explores how HIV/AIDS was created as a social problem among Black religious institutions through the use of moral panics.

Background

This research concerns how a social problem is framed (Spector and Kitsuse, 1987) and how issues relating to health and health care can be framed based on themes and ideas that resonate with its target population (Kolker, 2005). The idea of "framing a problem" is



Angelique Harris is an assistant professor in the Sociology Department at California State University, Fullerton. Prof. Harris received her Ph.D. from the Graduate Center, CUNY. Her research and teaching interests include race and ethnicity, gender and sexuality, medical sociology, sociology of family, and the sociology of religion.

quite relevant to the social sciences. This concept can be applied when addressing a number of social issues, such as missing children (Best, 1987), labor disputes (Babb, 1996), and even understandings of White separatism (Berbrier, 1998); furthermore, it holds great relevance to the development of health social movements. The use of frames is especially important in the case of the Black Church, whose congregants were not targeted by mainstream AIDS awareness campaigns.

Blacks have higher rates of HIV/AIDS than any other racial/ethnic group in the United States. When AIDS was first recognized among Blacks, with some exceptions, researchers, government officials, and non-profit organizations emerged to provide AIDS awareness and educational programs which were designed to help the Black community (Cohen, 1999). However, AIDS prevention awareness and the plight of those already infected were ignored by many within Black communities, because of the often fatal nature of the disease and the stigmas associated with HIV transmission; this is also known as AIDS stigma (Herek, 1999). AIDS stigma originated with misinformation and warnings from medical institutions and the media concerning HIV transmission—such as blaming Haitians and homosexuals for the spread of AIDS in the U.S. (Biddle, Conte, and Diamond, 1993). Increasingly, researchers (Hatcher, Burley, and Lee-Ouga 2008; Khosrovani, Poudeh, Parks-Yancy, 2008) argued that one of the most effective means by which to decrease the rates of HIV among Blacks is to encourage Black religious institutions, or what will be referred to throughout this paper as The Black Church, to confront the stigmas associated with AIDS and to provide AIDS education to congregants.

Since the beginning of the AIDS pandemic, scholars (Hatcher, et al. 2008; Khosrovani, et al. 2008) have emphasized the importance of providing effective and culturally relevant AIDS education programs which target Blacks. Researchers (Cohen, 1999; Fullilove & Fullilove, 1999; Dalton, 1989) believe that religious institutions within the Black community helped stigmatize those with AIDS as sinners, and this further prevented earlier AIDS awareness efforts. Yet, AIDS education and awareness was not just an issue facing Black communities. During the early stages of the AIDS pandemic in the United States, AIDS was virtually ignored by government institutions and the media. The AIDS Coalition to Unleash Power (ACT-UP) and other AIDS service organizations emerged in order to address the medical concerns of those infected. In order to accomplish that task, these programs had to increase research funding to

combat the disease as well as provide overall education and support. They challenged government and social institutions to provide care, education, and services to those infected; further, significant resources were also needed to challenge ideas about individuals with AIDS in an effort to reduce the stigmas associated with AIDS. This became known as the AIDS movement. The following will provide a discussion of social movement theory, addressing new social movements and health social movements, followed by a discussion of the literature exploring framing and the creation of moral panics.

Social movements have been defined as “a collective, organized, sustained, and non-institutional challenge to authorities, powerholders, or cultural beliefs and practices” (Goodwin and Jasper, 2003, p. 3). Although there have always been these challenges to power, modern-day social movements emerged in late 18th century England when groups were organized to gain control over the emerging governments as monarchs began to lose power (Tilly, 2004). However, it was the political upheavals of the “long 60s” that caused scholars to re-think collective action and movements (Edelman, 2001, p. 285). Prior to the 1960s, social movements were studied under the guise of “irrational responses” to social tension (Gamson, 1991, p. 37). This change encouraged scholars to focus more on identity as a mobilizing force within a movement (Edelman, 2001). These identity-based movements are known as new social movements (NSM). Edelman (2001) argues that NSMs “focus [on] struggles over symbolic, informational, and cultural resources and rights to specificity and difference” (p. 289). NSMs are considered to be *new* because instead of focusing on economic issues or legal and political demands, they focus on identity and lifestyle choices (Gamson, 1991).

After the 1960s, divergent approaches to studying social movements emerged. Scholars looked for ways to explain collective action and the claims that groups made upon the government and social institutions (Edelman, 2001). NSMs have been rallied based on sexual orientation, ethnicity, gender, and various other aspects of identity to emphasize group sameness (Gamson, 1991). Yet, the AIDS epidemic changed the nature of the NSM, introducing the notion of health as an aspect of identity and force for mobilization. Joshua Gamson (1991) argues that the AIDS activist movement is the perfect example of a NSM. Early AIDS activists not only influenced policy and funding surrounding HIV/AIDS testing, but also influenced other social movements in health and the ways in which scholars think

about these health social movements (HSMs). Brown and Zavestoski (2004) define HSMs as “collective challenges to medical policy, public health policy and politics, belief systems, research and practice [...] HSMs make many challenges to political power, professional authority and personal and collective identity. [They address] health inequality and inequality based on race, ethnicity, gender, class and/or sexuality” (2004, p. 1). These movements often utilize framing as a key strategy used to reach its target audience.

Emily S. Kolker (2005) maintains that HSMs initially focused on issues pertaining to health care, services, and access to quality health care. However, more recently HSMs have begun to focus on resources allocated for health services and education. HSMs, Kolker (2005) argues, focus on framing illnesses to resonate with desired audiences. Kolker builds upon Snow, Rochford, Worden and Benford’s (1986) research which attempts to convince social movement scholars to analyze how “frames” ignite a movement and then apply those insights to social movement theory. Social movement theorists argue that frames (Benford and Snow, 2000; Tarrow, 1998; Williams, 1995) or “interpretive schemas” can be used in “mobilizing collection action” (Kolker, 2005, p. 138). Williams contends that these frames “justify the movement’s agenda” (1995, p. 125).

Erving Goffman writes that frames are “principles of organization which govern events – at least social ones – and our subjective involvement in them” (1974, p. 10). Similarly, Benford and Snow (2000) argue that framing is the process by which social movement activists and/or organizations construct symbols and meaning that resonate with a population in order to create a social movement. They argue that prior works on social movements fail to examine how groups come to understand their grievances and instead “over-generalize participation-related processes” (Snow, et al., 1986, p. 465). Within the past 20 years, social movement scholars have paid increased attention to the use of “framing processes” in the creation of culturally resonant themes within social movements (Benford and Snow, 2000, p. 612).

One of the tactics used by early AIDS activists in encouraging increased funds and awareness was to frame AIDS in such a way that takes the focus away from the modes of transmission and to emphasize the disease itself. Susan Chambre (2006) writes that the AIDS community “stressed the uniqueness of the disease and the need for distinct policies and funding to fight the epidemic. A master frame in its ideology was

that spending money would save lives, which resonated with a central feature of American political culture, the fact that politicians and the public are indeed highly committed to spending money to save lives” (2006, p. 4). For health social movements, framing a disease or illness represents only the first step. Health social movements must then encourage immediate action by creating a moral panic.

Researchers Erich Goode and Nachman Ben-Yehuda (1994) argue that a social movement is a “manifestation of the moral panic” (1994, p. 122) and that “in a moral panic, a group or category engages, or is said to engage, in unacceptable, immoral behavior, presumably causes or is responsible for serious harmful consequences, and is therefore seen as a threat to the well-being, basic values and interests of the society presumably threatened by them” (p. 31). Moral panics occur when an individual, quite often a “moral entrepreneur” (Yurtsever, 2003; Becker, 1963) points out a “wrong” in society with an attempt to rally groups, organizations, institutions, or agencies to fix it (Jenkins, 2009; Jenkins, 1998; Thompson, 1998; Goode and Ben-Yehuda, 1994). Gulcimen Yurtsever (2003) states:

Moral entrepreneurs are activists who attempt to persuade others to adhere to a particular value system. They are important individuals because of the extent to which they can, or do, anticipate potential moral threats to society, suggest clear and acceptable solutions for moral issues, create public awareness, mobilize power and because of the scope, type and quality of resistance they encounter. (p. 2)

Effective moral panics *create* social problems within communities, which are sometimes initiated by “a single crusader” with very little or no institutional resources (Goode and Ben-Yehuda, 1994, p. 92). Moral panics are often social issues that have been established as problems for long periods of time before activists, organization and community leaders take action (Cohen, 2002; Good and Ben-Yehuda, 1994). These moral panics point to social problems *within* these communities. Spector and Kitsuse (1987) define a social problem as “grievances and claims [made concerning] some putative conditions” (p. 75). Importantly, Nisbet (1971) notes that a social problem only exists when it has become defined as such.

This paper posits that moral panics are created by health social movement organizations in order to address a social problem after it has already been framed for its target audience. Previous research has exam-

ined the development of health social movements and health social movement organizations as well as how these movements frame illnesses as social problems (Gamson, 1991). However, insufficient research has examined how moral panics are then created in order to encourage an immediate response on the part of the movement's target audience. The organizational history of The Balm in Gilead will be used to illustrate how a health social movement organization frames an issue as a social problem and then creates a moral panic among religious institutions. Similarly, current health social movement research fails to adequately underline the importance of culture and notions of shared identity in health social movements. This paper will address these gaps in the literature.

Methodology

Data was collected as part of a larger project that examined The Balm in Gilead, AIDS, and the Black Church in New York City. The Balm in Gilead was established in 1993 and is the nation's first non-profit organization that provided AIDS education and resources designed specifically for Black Church leaders. The efforts of The Balm in Gilead and its founder and Chief Executive Officer (CEO), Pernessa Seele, have become synonymous with AIDS in the Black Church, prompting *Time Magazine* to profile Seele in their 2006 issue of their 100 most influential people and to argue "her efforts have led to a national movement to address public-health issues through communities of faith" (Gorman, 2006, p. 68). Currently, The Balm's campaign, "Black Church Week of Prayer for the Healing of AIDS," is the largest HIV/AIDS social marketing campaign targeting the Black community. The Balm in Gilead was also an important research site because the main population served was in New York City, which has the highest rates of HIV/AIDS in the United States as well as the highest concentration of Black churches in the country (Hickman, 2001).

Interviews

As Seidman (1998) notes, it was necessary to understand not only people's experiences, but how they come to understand such experiences that lead to the purposeful sampling measures used in this study. Three different categories of people were interviewed: 1) Balm employees; 2) church leaders and/or ministry leaders; and 3) AIDS community activists. This research examined those churches and individuals who had direct

connections with The Balm; those who, for example, received technical assistance, were current or former employees, or knew and admired the work of The Balm. Interviewing these people with different perspectives on the AIDS epidemic in the Black community led to a better understating of the meanings associated with AIDS and the perceptions of AIDS within individual Black Churches.

This research is not overtly generalizable (Yin, 2003a; Yin, 2003b) as it is a case study of The Balm as a health social movement organization. Participants were selected primarily through snowball sampling (Seidman, 1998). Thus the research was not focused on the generalizability of the sample, but on the relationships that the respondents – the churches and activists – had with both The Balm and the Black Church. However, The Balm in Gilead serves as the paradigm for examining the strategies used in creating a health social movement organization that targets religious institutions.

Before conducting the interviews, the research project was explained and respondents were informed of their rights, after which they signed consent forms (Seidman, 1998). Only upon request was confidentiality provided and protected. All participants were informed of their right to remain anonymous prior to the interview, and two people from the church sample selected this option. However, the decision was made prior to data collection not to interview any Balm employees who chose to remain anonymous because of this researcher's inability to secure their anonymity in such a small organization. No one at The Balm selected that option.

Interviews were conducted with 28 respondents, which include AIDS activists (n=8), AIDS ministry and church leaders from seven New York City area churches (n=12), and Balm in Gilead employees (n=8). AIDS activists were selected based on their knowledge of The Balm in Gilead and how the organization works with Black churches. These included leaders of other national non-profit organizations that work within the Black community as well as local community leaders. Pastors and AIDS ministry leaders from these seven churches were selected based on their involvement with The Balm in Gilead and the AIDS service activities held within their churches. The eight Balm in Gilead employees were selected based on their knowledge of the organization as well as their role within The Balm. A majority of respondents were female (n=17), all were Black, and all identified as Christian. There were eight ordained Christian ministers in this sample. The

interviews included in this particular project focused on The Balm's organizational history as well as the development of Pernessa Seele as the charismatic leader of The Balm in Gilead.

The interviews were audio recorded on a digital voice recorder and lasted up to two hours in length. These interviews were then uploaded into computer software and transcribed on a computer. Data analysis consisted of an examination of the various themes pertaining to the organizational development of The Balm in Gilead and the strategies it employed to promote AIDS awareness within Black churches.

Findings

Research findings suggest that in order to encourage an immediate response against the AIDS epidemic within its community, The Balm in Gilead created a health social movement targeting the Black Church by framing AIDS as a social problem. This article places the Balm in Gilead's activities within the context of social movement and health social movement theories, by applying understandings of collective action to its AIDS educational efforts. This research also explores the ways in which The Balm in Gilead has re-defined AIDS from being a disease of "sinners" to a public health issue facing the Black Church and the Black community. Findings suggest that The Balm in Gilead created a health social movement targeting the Black Church by framing AIDS to be a social problem for The Black Church, thus creating a moral panic for Church leaders. To illustrate how The Balm in Gilead targets Black churches, literature on social movements and health social movements will be used, along with theories on frames and moral panics.

Social Issues

Before founding The Balm in Gilead, Pernessa Seele, now a middle-aged Black woman who is originally from South Carolina, worked as an immunologist at Harlem Hospital in a predominantly Black community in the early 1980s. After working there for only three days, Seele noted that there was a lack of religious leaders in the hospital tending to the spiritual needs of those suffering from AIDS, despite the expectation for clergy to minister to and visit the sick and dying (Jumanne, 2005; Peterson, Atwood, and Yates, 2002 Weatherford and Weatherford, 1999; Shelp and Sunderland, 1992). Darlene Cheeks, a deeply religious Black woman who was one of The Balm's first employees noted "Nobody

was saying anything! No one was dealing with it. And no one was giving an outlet to the families because they couldn't say anything. So they had to live in denial because the Church had to live in denial." However, Rev. Anthony Trufant, a charismatic middle-aged pastor of a large Baptist Church in Brooklyn believed that ministries simply "didn't know what to do" about AIDS. Unfortunately, this was in no way particular to Harlem Hospital or Black clergy. For example, Canon Frederick Williams, the retired leader of a large Episcopal Church in Harlem for over 20 years and the Chairman of the Board of Harlem Congregations for Community Improvement, noticed hospitals throughout the city had the same problem of isolating their AIDS patients. Williams spoke of one of his parishioners, who as a nurse in the hospital on Roosevelt Island in New York City in the early 80s, witnessed "the warehousing of all of these [AIDS] patients. They were basically putting them up there and leaving them on the top floor to die. Nobody would go up there, none of the staff. The doctors only made infrequent visits up there" (Williams).

As a long-time member of a large Methodist church in Harlem, Seele believed that the Black Church plays a pivotal role in the lives, health, and healing of many within the Black community. "I wanted people to become more responsive to the needs of people living with HIV, and to really open up their hearts and minds and support people living with HIV" (Seele). Seele got the idea to mobilize religious institutions in Harlem in order to initiate prayer.

Modeled after Southern Christian revivals, Seele organized the first Harlem Week of Prayer in 1989. This Week of Prayer was based on the notion that, although Black religious institutions may not accept those with AIDS, they can still pray for those living with AIDS. Healing became the key concept, for it was, according to The Balm's Church Resource Coordinator, Rev. Alberta Ware, "healing of the attitudes [...] you are not actually saying you are healing somebody, but you can heal the attitude of the Church towards someone who's infected or affected [...] healing comes in different forms." Seele reached out to churches all over Harlem. She began with the help of a chaplain at Harlem Hospital, and then she approached Harlem Congregations for Community Improvement (HCCI) – a religious non-profit comprised of Harlem Black Church leaders – for support. At a HCCI meeting of 52 Harlem pastors, Seele stated, "'I am Pernessa Seele, and we are having a Harlem Week of Prayer for the Healing of AIDS.' We, of course was me and Thee. I didn't have nobody [with me]" (Seele). Although Seele was able to get the approval of the 52

religious leaders, she contends that it was ultimately,

the people in the pew. It was the community folks who attend those churches that really kind of made the movement happen. It was Ms. Mary who came to the grassroots meetings and who really got excited about the coming together of these religions to address HIV. And it was those people in the pew who went back to their pastor [...] and said "Pastor, this is something that we really got to support." "Pastor, we got to go to this." It was the excitement of the pew that really brought those leaders, out [to support the Harlem Week of Prayer for the Healing of AIDS]. (Seele)

Social Problem

It was during this initial meeting at Harlem Congregations for Community Improvement (HCCI) that Seele first, publically, made the "claim" (Spector and Kitsuse, 1987) that Black Church members and leaders should address HIV/AIDS. As word spread throughout Harlem, both church leaders and members mobilized and committed to hosting AIDS events at their churches; and it took about two months to organize the first Week of Prayer. During the Week of Prayer, Seele emphasized the moral obligations of the Black Church to address AIDS. She wanted religious leaders to understand that, regardless of the modes of transmission, Harlem religious institutions were obligated to address AIDS. Based on this premise, the kick-off to the first Week of Prayer was a march around Harlem Hospital by leaders of religious institutions throughout New York City. Seele described this first Week of Prayer as, "a phenomenon... it was just an excitement in the air" (Seele). The following year, after being caught up in the success of it, Seele decided to do a second Week of Prayer, thus sustaining the movement among the target audience (Tilly, 2004). Remembering the second march around Harlem Hospital in 1990, Canon Williams stated that "preachers in their robes marching was not unusual, we often did that... What was unusual was it was cold as hell and there we were out there trying to sing these songs in the middle of the winter and stopping to pray every now and then. Well, that wasn't unusual in Harlem" (Williams).

As idealistic as it may sound, Seele was quite strategic in mobilizing these religious leaders. She emphasized the role of the Church in the Black community and especially within Harlem. She argued that something was wrong – there was a social problem.

This problem was that churches and other religious institutions were ignoring those with AIDS. Pernessa Seele created a "moral panic" among Black religious institutions by creating AIDS as a moral problem for these institutions.

The Creation of The Balm in Gilead and the Moral Panic

Once Seele framed AIDS as a social problem for the Black Church, she then had to create a moral panic within Black churches to mobilize them into further action. Often, when moral panics are described, they are done so in the context of rock 'n roll music, drug use, crime, etc. (Goode and Ben-Yehuda, 1994). Religious institutions are rarely the cause of a moral panic. However, Seele managed to construct one among Black religious institutions in Harlem. Seele created a "panic" by emphasizing the "moral" duty of Harlem religious institutions to address AIDS. She pointed out to church leaders that their lack of action and their lack of prayer was causing harm to the community and those suffering from AIDS.

After the second Week of Prayer, Seele became a well-known AIDS activist and traveled the country speaking about her mobilization efforts. She soon left her job at Harlem Hospital and accepted a position promoting community health at HCCI. Seele noted that it was during this time that she shifted her focus from promoting AIDS *awareness* among Black churches to promoting AIDS *education* among Black churches. Seele noticed that instead of requesting AIDS educational information from governmental health organizations, many churches were sending *her* letters requesting this information. As a result of so many requests for aid from Black churches, Seele organized *The Balm in Gilead* in 1993. She realized that an organization needed to exist to sustain the momentum of church involvement in AIDS education and awareness. For movements to be sustained, they must be well organized and consist of leadership, resources, and structure (McAdam and Scott, 2005).

With the founding of *The Balm in Gilead*, Seele officially shifted the focus from simply AIDS awareness, prayer, and tolerance to AIDS education. However, Balm employee Darlene Cheeks maintains that this shift in focus from prayer to education "was a step by step process because at no point did we ever say all we want to do is talk about [AIDS]. I mean it started out with prayer because that's one universal thing that every Black Church is going to do. Every Black Church is

going to pray. So if we can first get you to say [AIDS] in a prayer, it starts to open up the conversation.” Similarly, according to Tonya Perry, an Assistant Professor of Social Work at Fordham University and the author of a number of Balm in Gilead publications, “Faith institutions are really an ideal kind of mechanism or vehicle for getting the word out [about AIDS], because faith is such a crucial, critical part of our lives, as people of African ancestry. So I think churches [...] are ideal mechanisms for what was happening” (Perry). For, as Latrice Wactor, the co-leader of an AIDS ministry in a large Harlem Church believes, the Church allows Blacks “to hear the message [that] they may not hear in a traditional manner.” Although Seele and the Balm in Gilead staff felt that The Black Church was the ideal venue for health promotion, getting churches onboard was a challenge. Cheek maintains, “It was a long process. It was getting churches to acknowledge that they are dealing with a disease. Getting churches to then say, we can work together to prevent this disease. It was a long process [...] We still have some churches that will not, under any circumstance, talk about HIV and AIDS. They’re still dealing with it, but they won’t talk about it.”

In order to expand this movement and make AIDS an issue facing the Black Church, Seele then shifted the focus of the moral panic from Harlem congregations to the larger Black community. With two employees and one staff member, Seele began to send mailings to Black churches nation-wide promoting what in 1996 became The Black Church Week of Prayer for the Healing of AIDS. She encouraged Black churches to host at least one AIDS specific event, and more importantly, she urged pastors to deliver Sunday sermons addressing AIDS. Latrice Wactor points out that a pastor speaking on AIDS from the pulpit helps to “take away some of the stigma around HIV and AIDS” for both congregants and Church leaders. However, The Balm in Gilead’s mere existence showed that the Black Church was an appropriate venue for AIDS dialogue. Rev. Yoreel Trumpet, an ordained minister and AIDS activist who also works for the New York Department of Health believes that The Balm in Gilead “was finally a voice from the faith community – a voice of the faith. The faith person saying that [...] HIV and AIDS can be couched in the word of God.” With the help and encouragement of The Balm, the Black Church as an institution began to address HIV. Angela Griffin, the AIDS ministry leader and the first lady of a large Brooklyn Baptist church believes most of these churches would not have done so without the guidance of The Balm:

I don’t think [the Church] would have [addressed HIV] on their own. I think that The Balm in Gilead definitely is instrumental. They have very good materials, and just the awareness, I think they give churches the freedom to come out and say, “We’re going to deal with this. We’re going to talk about this. We’re not going to sit back and act like it doesn’t need addressing because our people are dying.” So, I mean they definitely brought it to the forefront.

The Balm in Gilead is now currently among the largest HIV/AIDS awareness organizations in the United States targeting Blacks. As a result of the efforts of Seele and The Balm in Gilead, AIDS became not only an acceptable topic for many Black churches, but in some communities, church-sponsored AIDS ministries became the norm. Canon Williams contends, “In Harlem, I can’t say that across the board now in America, but in Harlem, primarily from the seeds planted by Pernessa Seele and The Balm in Gilead through HCCI, the religious communities are, for all intents and purposes, 100% on board [with promoting AIDS awareness].”

Discussion

As this research has argued, in similar fashion to the breast cancer funding activists of the early 1990s and the ACT-UP activists of the 1980s, Pernessa Seele organized a social movement by creating a moral panic among Black churches and by redefining AIDS as a social problem facing the Black Church. Black churches were aware of the devastation AIDS inflicted on the Black community, but they did not see it as *their* problem until it was framed as such by Seele, who, again, who served as both the Black Church AIDS movement’s charismatic leader and moral entrepreneur (Becker, 1963). Seele constructed AIDS as a social issue facing the Black community and used the morality of the Black Church as a “culturally resonant frame” (Kolker, 2005, p. 141) to create a moral panic (Good and Ben-Yehuda, 1994a, 1994) or a panic of morality among church leaders by suggesting that they are not living up to their moral obligations to care for all those who are ill and suffering. This reframing occurred among Black churches through an emphasis on AIDS not as a disease of the “outsider” (Becker, 1963), but as a disease having a direct impact on the Black Church and larger Black community.

Importantly, the moral panic that was created

was not the typical moral panic. That is, religious institutions were the target, not the originators of the panic (Goode and Ben-Yehuda, 1994a). As previously mentioned, these panics typically center on a deviant group that threatens to impact or affect another group. By re-defining AIDS from a disease of sinners to a public health issue facing the Black Church and the larger Black community, The Balm in Gilead has also capitalized on and helped to further construct the Black Church's reputation as an influential cultural organization within the Black community. The Balm was able to use the Church as a cultural resource through which to frame AIDS as a disease facing the Black community by evoking a sense of solidarity among Black churches and drawing on the Black Church's religious obligations to pray and care for the sick.

Even though The Balm in Gilead has created this moral panic and ignited a social movement, it appears that it is constrained in the ways in which they can frame AIDS by two key issues: 1. the morals and values of the religious institution, and 2. the illness itself. The Black Church is a religious institution with belief systems, morals, and ideas as to what is acceptable. As well-intentioned as they are, Seele and The Balm in Gilead cannot change the moral and religious convictions of the Church. In order to be successful, The Balm in Gilead must work within religious ideology to promote AIDS awareness to churches rather than go against it. Similarly, The Balm in Gilead is constrained by AIDS as an actual illness. The Balm in Gilead does not produce AIDS information and facts; The Balm simply packages them in ways that will resonate with the Black Church. As such, health social movement organizations must be aware of the cultural frames of their target audience and be able to adequately frame a perceived social issue in order to create moral panic.

As this movement continues, however, the success of The Balm in Gilead could also prove problematic for the organization. For example, in 1938, Franklin D. Roosevelt founded the National Foundation for Infantile Paralysis (NFIP) in order to raise funds for a polio vaccine. In 1962 an oral vaccine was developed, due in large part to the efforts of NFIP. With the virtual

eradication of polio in the U.S., NFIP changed its name to The March of Dimes in 1979 and shifted its focus to infantile health. The Balm is going through a similar transition.

The Balm has shifted its focus from promoting AIDS awareness within Harlem religious institutions to providing AIDS education to Black religious institutions across the country and internationally. Although Seele maintains, "HIV will continue to be [The Balm's] focus for a long, long time," in 2005, The Balm began the Intimate Sessions for Informed Sexuality (ISIS). ISIS is a HPV and cervical cancer awareness initiative that encourages churches across the country to host educational events and discussions where women are taught to reconcile their sexuality with their spirituality. Eventually, Balm employees expect The Balm to expand to address other health concerns through a religious lens. Seele points out, "Somebody is dying of cervical cancer – they are not dying of AIDS. Some are dying from Hepatitis C – they are not dying of AIDS. Someone is dying from cardiovascular disease. I think that we have laid a track, a public intervention that we need to utilize in other diseases" (Seele). In fact, a few years ago, the Black Church HIV/AIDS Training Institute became known as the Black Church HIV/AIDS and *Other Health Disparities* Training Institute.

The Black Church AIDS movement appears to be a success. The annual Black Church Week of Prayer for the Healing of AIDS is currently one of the largest HIV/AIDS awareness campaign targeting Blacks in the U.S. However, as the rates of HIV/AIDS among Blacks continue to rise, future research should examine the practicality of religious institutions addressing such a contentious disease as AIDS. Is providing AIDS educational materials to Black churches effective at increasing awareness and reducing rates in certain communities? Is the AIDS education that The Balm appears to provide churches reaching congregants and the larger Black community? Future research should address these concerns as well as examine how frames and moral panics are created to address other health concerns at the grassroots level.

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